

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/03/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155751</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>09/29/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>MEADOW LAKES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 MEADOW LAKE DR</b> <b>MOORESVILLE, IN 46158</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{F 000}	<p>INITIAL COMMENTS</p> <p>This visit was for the Post Survey Revisit (PSR) to the Investigation of Complaint IN00206060 completed on August 23, 2016.</p> <p>This visit was in conjunction with the PSR to the Investigation of Complaint IN00208494 completed on August 31, 2016.</p> <p>This visit was in conjunction with the PSR to the Investigation of Complaint IN00210248 completed on September 20, 2016.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00211078 completed on September 29, 2016.</p> <p>Complaint IN00206060 - Corrected</p> <p>Complaint IN00208494 - Corrected.</p> <p>Complaint IN00210248 - Corrected</p> <p>Complaint IN00211078 - Unsubstantiated due to lack of evidence.</p> <p>Survey date: September 29, 2016</p> <p>Facility number: 004831 Provider number: 155751 AIM number: 200809750</p> <p>Census bed type: SNF/NF: 118 Residential: 50 Total: 168</p> <p>Census payor type: Medicare: 18 Medicaid: 91</p>	{F 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{F 000}	Continued From page 1  Other: 9 Total: 118  Sample: 03  Meadow Lakes was found to be in compliance with 42 CFR 483, Subpart B and 410 IAC 16.2-3.1 in regard to the PSR to the Investigation of Complaint IN00206060.  Q.R. completed by 14466 on September 30, 2016.	{F 000}			